



People Serving
People

CITY OF RIVERSIDE CONVALESCENT TRANSPORT VEHICLES APPLICATION

Please type or print clearly in ink. If additional space is necessary to complete any answer, please complete on additional sheet(s) indicating question number being answered.

1. Name of Applicant

DBA (if applicable):

2. Business Address of Applicant (List all locations in the City):

(Street Address and Suite No.)

(City, State and Zip Code)

3. Mailing Address (if different from Business Address):

(Street Address or Post Office Box)

(City, State and Zip Code)

4. Business Telephone Number and Facsimile Number:

Telephone: () _____ Fax: () _____

5. Residence Address and Telephone Number of Applicant:

(Street Address and Apartment No.)

(City, State and Zip Code)

Telephone Number: () _____

6. Mailing Address if different from home address

(Street Address or Post Office Box)

(City, State and Zip Code)

7a. Description of applicant (type of business etc.). Please describe in detail the services you wish to provide including passenger profiles.

7b. Do you have contracts to provide the type of service authorized under this ordinance with HMOs, hospitals, nursing homes, insurance companies etc.?
Yes ☐ No ☐ If yes, please describe:

8. If a corporation or a joint venture of a general or limited partnership, please list names of all partners and officers, their permanent addresses including zip codes, telephone numbers and area codes and their percent of participation in the business:

9. Describe your experience in the operation of convalescent transport service and demonstrate how you are qualified to render efficient convalescent transport service:
- 10a. Please provide an appropriate statement below that you own or have under your control, in good mechanical condition, required equipment to adequately conduct convalescent transport service in this City for which the applicant is applying and that the applicant owns or has access to suitable facilities for maintaining such equipment in a clean and sanitary condition.
- 10b. Do you service and/or maintain your vehicles at your own facility? Yes ☐ No ☐
If no, please explain.
- 11a. List all vehicles you propose to operate in the convalescent transport service by make, model, year, vehicle license plate number and vehicle identification number and passenger capacity.

- 11b. Identify color scheme, name, monogram or insignia which shall be used on such vehicle(s) and the above shall not be in conflict with or imitate any color scheme, name, monogram or insignia used by any other person or firm in such manner as may be misleading or tend to deceive or defraud the public (Provide copies of color photographs).
12. Attach or list, giving name and description of the training for each convalescent transport service employee. Provide a copy of each certificate or license issued by the State and/or County establishing qualifications for such personnel in convalescent transport operations.
13. Attach or describe herein, a schedule of proposed rates to be charged to passengers for this service.
14. Demonstrate by a statement below and with any documentation you feel is appropriate that shows that the issuance of a permit is in the public interest and that there is a need for a permit to be issued in that there is a requirement for convalescent transport service which can be legally served by the applicant.

15. Please make a signed statement affirming that each convalescent transport vehicle and its appurtenances meet the requirements of this ordinance and applicable provisions of City and State laws and regulations and attach to this application.
16. Please list the names of all jurisdictions where you currently conduct the same or similar type of business. Also indicate the name of the agency where you are licensed and the appropriate telephone number and area code and the name of a contact person if possible.
- 17a. Please identify all drivers operating your vehicles should this application be approved and include a photocopy of a valid DMV driver's license and copy of both sides of the driver's permit issued by the Police Department to each driver..
- 17b. Please provide drivers names, street address, city, state and zip code, valid DMV driver's license number and state and Social Security number.
- 17c. Please identify all gurney van attendants who will be riding in your vehicles should this application be approved and the information requested in 17b above.

- 17d. Please provide attendants names, street address, city, state and zip code, driver's license number and state and Social Security number.
18. Have any of your passenger carrying vehicles been taken out of service for safety or other reasons by the California Highway patrol, any other California law enforcement agency or any governmental agency in this State? Yes____ No____. If yes, please explain:
19. Please provide a copy of your valid insurance certificate as required by Section 6.65.130.
20. I acknowledge that I have received a copy of the Convalescent Transport Service Authorization Form which may be reproduced and shall be used for each passenger round trip. Yes____
21. I acknowledge that I have received a copy of Ordinance No. 6210 (Chapter 5.65, RMC). Yes____
22. I acknowledge that I have received a copy of the City's Convalescent Transport Service Authorization Form. Yes____
23. I acknowledge that I have received a copy of the Convalescent Transport Vehicle Ordinances requirements for Application for Permit
24. The city reserves the right to request additional information as needed to process this application.

25. I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information in this application is true and correct to the best of my knowledge. Applicant signifies by signing this application, that the applicant agrees to meet the requirements of this ordinance if the application is approved by City Council.

Date _____

(Signature)

(Printed Name)

(Title)

Preparer's telephone number and area code:

Please submit this application and all attachments to:

**City Clerk
City of Riverside
City Hall
3900 Main Street
Riverside, CA 92522**